PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10001237

CLAIMS AS FILED - PART (Column 1)					(Column 2) SMALL ENTITY			NTITY	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			8				RAT	E	FEE] 	RATE	FEE
FOR			NUMBER F	FILED	NUMBE	R EXTRA	BASIC	FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			minus 20=		* Ø		X\$ 9)=		OR	X\$18=	
INDEPENDENT CLAIMS			# minus 3 =		* Ø		X42	=		OR	X84=	
MU	LTIPLE DEPENI	DENT CLAIM P	RESENT				+140)=		OR	+280=	
* If	the difference i	in column 1 is	less than ze	ro, ente	r "0" in c	olumn 2	TOT		370	OR	TOTAL	
	CI	_AIMS AS A	MENDED - PART II				<u> </u>				OTHER	
	marketing property of the second seco	(Column 1) CLAIMS	Approximately the anti-control to the first property of the control to the contro		mn 2) HEST	(Column 3)	SMA	LL I	ENTITY	OR	SMALL	ENTITY
AMENDMENT A	and the second of the	REMAINING AFTER AMENDMENT	4	NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 2.0	Minus	** 3	20	=	X\$ 9)=		OR	X\$18=	
	Independent	* (, NTATION OF M	Minus	***	3 TCLAIM	= 3	X42	=	126	OR	X84=	
	THOTTMEDE	TATION OF M	OLIN LE DEI	LIADEIA	TODANI		+140)=.		OR	+280=	
								TAL	126	OR	TOTAL	
		(Column 1)		(Colu	ımn 2)	(Column 3)	ADDIT.	-EE	<i>F</i>	,	ADDIT. FEE	
		CLAIMS		HIGI	HEST	(Column 3)			ADDI-	1		ADDI-
AMENDMENT B	Les me same alon Sananda	REMAINING AFTER AMENDMENT		PREV	MBER NOUSLY DFOR	PRESENT EXTRA	RAT	E	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AIM	=	X42	=	· · · · - · ·	OR	X84=	
<u> </u>	FINOT PRESE	NIATION OF W	OLTIPLE DEF	PENDEN	T CLANVI		+140)=		OR	+280=	
							TO ADDIT. I	TAL		OB	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)				-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***		=	X42	=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140	_		OR	+280=	
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." 								TAL			TOTAL	<u> </u>
**		mber Previously F	aid For" IN THI	S SPACE	is less tha	n 20, enter "20."	" ADDIT. I			OR	ADDIT. FEE	
	The "Highest Num						er found in th	e ap	propriațe bo	x in co	lumn 1.	